

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Pregnancy Choices

Raising the Baby, Adoption, and Abortion

If you find out you are pregnant and the pregnancy is unplanned, you may wonder about your options. There are three options available to you: 1) you can give birth to the baby and raise the baby, 2) you can give birth to the baby and place the baby for adoption; 3) you can end the pregnancy by having an abortion. Making a decision involves knowing about each option and thinking about how each might affect you.

This pamphlet explains

- *making a decision*
- *your options*
- *changing your mind*

Making a Decision

Before making any decisions, you need to be sure that you are pregnant. If you took a home pregnancy test and the results show you are pregnant, you should see a health care provider to confirm the result. The health care provider will find out how far along you are in your pregnancy.

You will need to think about many factors as you decide what you will do. Your age, values, beliefs, health, current situation, and future goals all play a role in your decision. How far along you are in your pregnancy may limit your options. If you choose to have an abortion, it should be done early in pregnancy when there are fewer risks. If you have a medical condition, pregnancy may pose risks to your

health and increase the risk of complications for the baby. You should consider these risks when making your decision.

While you are deciding, start taking a multivitamin with 600 micrograms of folic acid. This helps to protect the baby from certain birth defects. Do not drink alcohol, smoke, or take drugs. Talk to your health care provider about any prescription drugs or over-the-counter medications you are taking to make sure they are safe for the baby. If you choose to raise the baby or give the baby up for adoption, it is best to begin ***prenatal care*** as soon as you can.

Only you can make the choice that is right for you. You may find it helpful to talk to your health care provider or someone else you trust, such as your partner, parents, or a friend. You also can talk to a counselor

at a family planning clinic, family services agency, or adoption agency. The counselor should give you complete, unbiased information about all of the options described in this pamphlet. In most cases, counseling is free or costs very little.

Raising a Child

Raising a baby can be rewarding. It also can be physically, emotionally, and financially challenging. The more support you have from the people around you, the easier it will be for you to raise a child. You may want to think about the following:

- Who can help you with child care? Do you have a partner or family members who can help you?
- Where will you and the baby live? Will you have to change your living arrangements?
- If you have other children, how will raising this child affect them?

It costs money to raise a child. You will need to have a means of financial support. If you have a full-time job, you will need to arrange care for the child while you are working. If you do not have a job or your job does not pay enough, you may be able to get help from government agencies or private organizations.

You also should think about whether you are emotionally ready to raise a child. You may have to put some of your goals on hold. You will have less time for yourself. It will be important to have a support system in place that you can rely on.

Prenatal care is important. Good prenatal care makes it more likely that you will have a healthy baby. Talk to your health care provider about labor, delivery, and the postpartum period (after the baby is born). Knowing what to expect will help you deal with child-birth and adjust to being a new mother. Your health care provider also can help you choose a birth control method to use after the baby is born and talk to you about future family planning.

If you plan to have and raise the child and then decide against it, you still can think about adoption. You can begin the adoption process after the baby is born.

Adoption

In an adoption, a child legally gets new parents. The baby will get a new birth certificate with the new parents' names on it.

If you choose adoption, prenatal care is as important as if you were going to raise the child yourself. Be sure to start care early and see your health care provider regularly. After the baby is born, talk to your health care provider about birth control options.

You may have conflicting feelings when the baby is adopted: anger, grief, guilt, a sense of loss, or a sense of relief and certainty that this was the best decision for you and the baby. These feelings are common. They can last for a long time and may return even

years after the baby has been adopted.

Counseling can be helpful in dealing with these feelings. The adoption agency, a local family services agency, the hospital where you give birth, or your health care provider may offer counseling.

The Adoption Process

Each state has its own laws about adoption. The general process is that shortly after the baby is born, the birth mother (the woman who gives birth to the baby) signs papers that end her rights to the child and give her consent for the adoption. If the birth father is known and he admits to being the father, he also signs consent forms.

Sometimes the baby leaves the hospital with the adoptive parents. Sometimes the baby is first placed in foster care. During this time, the adoptive parents file legal papers asking to adopt the baby. A judge approves the adoption after a waiting period (usually 1–6 months). At this time, the adoption is final.

Before you sign the consent papers, it is important to know your state's laws about changing your mind about the adoption after the papers are signed (see box "Information About Adoption"). In some states, the consent or permission cannot be changed. In other states, the birth mother can change her mind up to 30 days or, in some cases, even longer after she signs the consent forms.

Types of Adoption

There are three types of adoptions: 1) open, 2) closed, and 3) semi-open. In open adoption, the birth mother and the adoptive parents may meet and share names and addresses. The birth father also may

Information About Adoption

When deciding whether to place your baby for adoption, gather as much information as you can. See a counselor, therapist, or social worker to help you focus on what you need. Contact adoption agencies and ask questions. Consult an adoption lawyer. Getting answers to questions can help you decide whether adoption is best for you.

You also can get information from books and the Internet. Read books about people who have placed children for adoption, who have adopted children, or who were adopted themselves. It may help to consider these perspectives. Online resources can help you learn more about the adoption process as well:

Child Welfare Information Gateway
www.childwelfare.gov

National Council for Adoption
www.adoptioncouncil.org

North American Council on Adoptable Children
www.nacac.org

be included. How much and what type of communication happens between the birth mother and adopted child depends on the legal agreement between her and the adoptive parents.

In a closed adoption, the birth mother and the adoptive parents do not meet or know each others' names. The adoptive parents only get information about the birth parents' medical information or family history—nothing that would identify them. Closed adoption makes it harder for you to find out about your child later. Some states have mutual-consent adoption registries to help closed-adoption birth parents and adult adoptees find each other if they both want to.

In a semi-open adoption, the adoption agency will provide the birth mother with information about the baby from the adoptive parents and vice versa, but there is no direct contact between the birth mother and the baby. Identities usually are kept hidden.

How Adoptions Are Arranged

An adoption can be arranged by an agency or, in some states, independently. Most agencies choose the adoptive parents after carefully screening and studying people who apply to adopt a baby. Some agencies let birth mothers participate in this process. In independent adoptions, babies are placed in the adoptive parents' home without an agency. This may be done through lawyers, health care providers, counselors, or independent organizations. Before the adoption is final, the new parents and the home setting must be approved by the state agency that handles adoptions and by the court.

Whether you choose an agency or independent adoption, you will need to provide certain information to help match your baby to adoptive parents, such as the following:

- A medical history for you, your family, and the father's family (if possible)
- Your age, race, and other background information about you and the father
- Whether you have smoked cigarettes, taken drugs, or drunk alcohol since becoming pregnant

Financial Help

If you arrange an adoption through an agency, ask the agency what kind of financial help—both medical and legal—is offered. If you cannot afford a private lawyer to help you with the adoption, you may be able to find legal aid.

Most states allow the adopting parents to pay the birth mother's legal and medical fees. Some states allow other fees and expenses to be paid, such as counseling. However, it is not legal for anyone to make money from an adoption.

Abortion

State laws vary about access to abortion. Some states require that girls younger than 18 years notify their parents or guardian or get permission from a court of law to have an abortion. Some states require that a woman receive counseling before an abortion. Some states have waiting periods (usually 24 hours) between the time when a woman receives counseling about abortion and when the procedure is performed.

The Abortion Procedure

In an abortion procedure, the *embryo* or *fetus* is removed from a woman's *uterus*. If you decide to have an abortion, it should be done as early as possible. After 12 weeks, an abortion requires more steps and takes longer to perform.

Types of Abortion

Some abortion procedures are done by surgery. Some are done with medication. The type of abortion you have depends on your choice, your health, and how long you have been pregnant.

Surgical Abortion. The most common type of surgical abortion is called *vacuum aspiration*. It can be performed up to 14 weeks of pregnancy in a health care provider's office or clinic. In this procedure, the embryo or fetus is removed from the uterus with a suction device. In some cases, the *cervix* needs to be dilated (opened) slightly beforehand.

Local anesthesia is used to numb the cervix. You may be given medication to help you relax. Sometimes *general anesthesia* is used. In this case, you will not be awake during the procedure. The actual procedure takes about 15 minutes. You should be able to go home soon after having this type of abortion.

After 14 weeks of pregnancy, the abortion procedure is called a *dilation and evacuation (D&E)*. A D&E takes longer to perform than a vacuum aspiration and it may require more than one visit. This procedure can be done in a health care provider's office, clinic, or hospital. You usually can go home within a few hours after the procedure is completed.

Some states require that an abortion be performed in a hospital after a certain point. Most states allow abortions up to 24 weeks of pregnancy. A few states allow abortions up to 20 weeks of pregnancy.

Medical Abortion. With a medical abortion, certain drugs are taken to cause an abortion. For this option, a woman usually must be no more than 9 weeks pregnant. Usually, two kinds of medication are taken on separate days. You need to see a health care provider to get the medication. You need to follow up with the health care provider to make sure that the abortion has occurred.

The drugs used in a medical abortion will cause bleeding and cramping as the fetal tissue is passed

from the vagina. Side effects, such as nausea, vomiting, fever, and chills, may occur. Your health care provider will explain what can be expected in terms of pain, bleeding, and passing tissue.

The drugs used in a medical abortion can cause serious birth defects. If a medical abortion does not work, you most likely will need to have a surgical abortion.

Risks

In general, abortion is a low-risk procedure. Risks and complications depend on how early the abortion is done and the method that is used. Fewer than 1 in 100 women have complications from an abortion performed before 14 weeks of pregnancy. For later abortions, up to 2 in 100 women have complications. In most cases, the risks from an abortion are less than the risks of giving birth to a baby. Most health care providers agree that having one abortion does not affect later pregnancies or a woman's future health.

If you decide to have the baby and later want to have an abortion, you need to discuss it with your health care provider. After a certain point, it may be too late. The longer a woman waits to have an abortion, the more risk it carries for her.

Follow-up Care

You usually will have a follow-up visit with your health care provider after the abortion. Be aware that you can get pregnant soon after having an abortion. You should use a birth control method to prevent pregnancy right away. If you are interested in the **intrauterine device (IUD)**, it can be inserted into your uterus right after an abortion. The IUD provides protection against pregnancy for up to 5 years (the hormonal IUD) or up to 10 years (the copper IUD). The birth control implant also can be inserted in your arm right away. The implant protects against pregnancy for up to 3 years. You can start taking birth control pills, getting the birth control shot, or using a birth control ring or patch right away as well.

After an abortion, it is common to have a wide range of emotions. You may feel guilt, regret, loss, anger, or relief. Talking about your feelings with someone can be helpful. A health care provider's office or clinic can direct you to counseling services.

Finally...

The decision whether to give birth and raise the child, give birth and place the child for adoption, or have an abortion may be hard to make. The sooner you seek advice and get help, the better. Make sure that you have all the facts and all your questions are answered before you decide.

Glossary

Cervix: The opening of the uterus at the top of the vagina.

Dilation and Evacuation (D&E): A procedure in which the cervix is opened and the contents of the uterus are removed with suction or other surgical instruments.

Embryo: The developing organism from the time it implants in the uterus up to 8 completed weeks of pregnancy.

Fetus: The developing organism in the uterus from the ninth week of pregnancy until the end of pregnancy.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Intrauterine Device (IUD): A small device that is inserted and left inside the uterus to prevent pregnancy.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Prenatal Care: A program of care for a pregnant woman before the birth of her baby.

Uterus: A muscular organ located in the female pelvis that contains and nourishes the developing fetus during pregnancy.

Vacuum Aspiration: A procedure in which part of the uterine lining or the entire contents of the uterus is removed with suction through a tube inserted into the uterus.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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